CLAIMS ONLY

Application Number	Filing Date
10670559	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
17		1				
18		1				
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44						
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46						
47						
48						
49						
50						
Total Indep	4					
Total Depend	30					
Total Claims	34					

CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						